

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43409

State File No. _____

FILED DEC 27 1950

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6235</u>		Registrar's No. <u>129</u>		
1. PLACE OF DEATH a. COUNTY <u>Kernow</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Temp.</u> c. LENGTH OF STAY (in this place) <u>3-6-15</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Franklin</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>3118</u> OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>1026 Washington</u>				
3. NAME OF DECEASED a. (First) <u>Laura</u> (Type or Print) b. (Middle) <u>-</u> c. (Last) <u>Scott</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-14-1950</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 16, 1868</u>		
9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR Days <u>4</u>		11. IF UNDER 1 HRS. Hours <u>36</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Ky</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Turner He Baum</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Tucker</u>		14. NAME OF HUSBAND OR WIFE <u>Chas. D. Scott</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk</u>		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hosp Records, Nevada, Mo</u>		ADDRESS <u>Nevada, Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>filario sclerotic Heart Disease</u> a) _____ b) _____ c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile psychosis</u> Interval between ONSET and DEATH <u>4700</u>				19. DATE OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Aug 1</u> , 19 <u>50</u> , to <u>Dec-14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 13</u> , 19 <u>50</u> , and that death occurred at <u>4:00 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>L. B. Hunt</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>State Hosp #3 Nevada, Mo</u>		23c. DATE SIGNED <u>Dec/14/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec. 15, '50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Topeka, Kansas</u>		24d. LOCATION (City, town, or county) (State) <u>Topeka, Kansas</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 15, '50</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Hancock</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry Funeral Home</u>		ADDRESS <u>Nevada, Missouri</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED DEC 18 1950

Dist. File 1250-2517

Date Filed 12-21-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 1740

P. O. Address Nevada Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.